



The Commonwealth of Massachusetts
State Board of Retirement
One Ashburton Place, Boston, MA 02108-1607

Timothy P. Cahill
Treasurer and Receiver General
Chairman

ROOM 1219
(617) 367-7770
1-800-392-6014

TRANSFER NOTICE

(To be completed by Payroll/Personnel Department at member's last state employment)

This is to notify that (Print full name) was

Employed by (State Agency/Dept.).....

The member's start date and

His/Her membership enrollment date

The member's social security number is

The last two MONTHLY retirement deductions were:

| | |
|------------------|-------------------|
| Month/Year | Amount (\$) |
|------------------|-------------------|

| | |
|------------------|-------------------|
| Month/Year | Amount (\$) |
|------------------|-------------------|

The member's last day on payroll was

If member was less than a full-time employee, please list days/ratio of time below:

List all dates of any leaves of absence below:

****IMPORTANT:** Are Worker's Compensation benefits being paid/pending on this Member? (Yes/No) _____. If member received Worker's Compensation benefits, was there a lump sum settlement? (Yes/No) _____.

Authorized Signature:.....

Dated:.....

For Retirement Board purposes only

Member is transferring to:

Amount Prepared by